

EXHIBIT B

UNITED STATES BANKRUPTCY COURT-DISTRICT OF NEVADA		PROOF OF CLAIM -CHAPTER 7 11 12 13
Name of Debtor USA COMMERICAL MORTGAGE CO Case Number 06-10725		(This space for court use)
NOTE This form should NOT be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 583.		
Name of Creditor (The person or other entity to whom the debtor owes money or property)		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name & address where notices should be sent DEL HARDY ESQ HARDY LAW GROUP 96 & 98 WINTER STREET RENO NV 89503		
Telephone number (775) 322-7422		
Account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>legal fees unpaid by debtor</u> <input type="checkbox"/> Reuse benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (FILL OUT BELOW) Last four digits of your Social Security # _____ Unpaid compensation for services performed from (date) _____ To _____ (date) _____		
2 Date debt was incurred 02-15-2006 3 If court judgment, date obtained		
4 Total claim at time case filed \$ _____ (Unsecured) \$ _____ (Secured) \$0 000 00 (Priority) \$ _____ (Total) If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.		
5 Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral \$ 11,250 00 Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		7 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions up to \$4,650* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 and every three years thereafter with respect to cases commenced on or after the date of adjustment
6 Unsecured Non Priority Claim		
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8 Supporting documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary. 9 Date-Stamped copy To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and a copy of this proof of claim.		(This space for court use)
Date 6/14/06 Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) /s/ Del Hardy, Esq		filed date 6/14/06
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both.		
USA CMC		

filed date
6/14/06

USA CMC



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